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## **BIB DATA SHEET**

## **CONFIRMATION NO. 2365**

| SERIAL NUME  | BER               | FILING or 371(c)                 |  | CLASS            |      | GROUP ART UNIT                        |                        |  | ATTORNEY DOCKET       |  |
|--|-------------------|----------------------------------|--|------------------|------|---------------------------------------|------------------------|--|-----------------------|--|
| 10/567,871   |                   | <b>DATE</b><br>02/09/2006        |  | 600 <sup>·</sup> | 3735 |                                       | <b>NO</b> .<br>1589215 |  |                       |  |
|  | RULE              |                                  |  |                  |      |                                       |                        |  |                       |  |
| APPLICANTS Iden Mossanen-Shams, Uxbridge, UNITED KINGDOM;  |                   |                                  |  |                  |      |                                       |                        |  |                       |  |
| ** CONTINUING DATA **********************************  |                   |                                  |  |                  |      |                                       |                        |  |                       |  |
| ** FOREIGN APPLICATIONS ************************************                                       |                   |                                  |  |                  |      |                                       |                        |  |                       |  |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 08/27/2006                    |                   |                                  |  |                  |      |                                       |                        |  |                       |  |
| Foreign Priority claimed   |                   |                                  |  |                  |      | EETS<br>WINGS                         |                        |  | INDEPENDENT<br>CLAIMS |  |
| Verified and /AZADEH SAIDI/ Acknowledged Examiner's Signature Initials UNITED KINGDOM              |                   |                                  |  |                  |      | 3 5                                   |                        |  | 1                     |  |
| ADDRESS  |                   |                                  |  |                  |      |                                       |                        |  |                       |  |
| WORKMAN NYDEGGER 60 EAST SOUTH TEMPLE 1000 EAGLE GATE TOWER SALT LAKE CITY, UT 84111 UNITED STATES |                   |                                  |  |                  |      |                                       |                        |  |                       |  |
| TITLE  |                   |                                  |  |                  |      |                                       |                        |  |                       |  |
| Pulmonary evaluation device  |                   |                                  |  |                  |      |                                       |                        |  |                       |  |
| FILING FEE FEES: Authority has been given in Paper   |                   |                                  |  |                  |      | ☐ All Fees                            |                        |  |                       |  |
|  |                   |                                  |  |                  |      | 1.16 Fees (Filing)                    |                        |  |                       |  |
| ITILIMOTEL   |                   | to charge/credit DEPOSIT ACCOUNT |  |                  |      | ☐ 1.17 Fees (Processing Ext. of time) |                        |  |                       |  |
| 450 N  | No for following: |                                  |  |                  |      | ☐ 1.18 Fees (Issue)                   |                        |  |                       |  |
| ☐ Other<br>☐ Credit  |                   |                                  |  |                  |      |                                       |                        |  |                       |  |
|  |                   |                                  |  |                  |      |                                       | <u> </u>               |  |                       |  |